

CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health

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This newsletter provides updates on research, news and events related to spirituality and health, including educational resources and funding opportunities. **Please forward to colleagues or students who might benefit.** Our goal is to create a community of researchers, clinicians, clergy, and laypersons interested in spirituality and health and keep them informed and updated. An EVENTS CALENDAR concludes the newsletter and describes spirituality and health related presentations happening at Duke and around the world. This is your newsletter and **we depend on you to let us know about research, news, and events in this area.**

All e-newsletters are archived on our website. To view previous issues (July 2007 through January 2021) go to: <http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

NOTE: The CSTH website is being moved to a different platform, so may not be accessible for periods during January/February.

LATEST RESEARCH

Religion, Spirituality and Risk of End-Stage Kidney Disease

Investigators from the division of nephrology and hypertension at Vanderbilt University Medical Center analyzed data from a prospective study of 76,443 low income adults in the southeastern United States (U.S.). Participants with low socioeconomic status were recruited from 12 states between 2002 and 2009, most from community health centers. Religiosity was assessed by degree of comfort from religion, frequency of religious attendance, and degree of spirituality. Cox proportional hazards regression modeling was done to examine the effects of religiosity/spirituality on incidence of end-stage kidney disease (ESKD) during follow-up through March 31, 2015. Controlled for in analyses were age, gender, race, education, income, marital status, and insurance status in the baseline model (Model 1); additional adjustments were made for frequency of depressive symptoms, size of social network, and smoking status in the psychosocial-behavioral model (Model 2). In the final model, adjustments were added for body mass index, diabetes, hypertension, and estimated glomerular filtration rate (Model 3). Analyses were stratified by race (Black [68%] vs White [32%]). **Results:** There were a total of 1,565 incident cases of ESKD that developed during follow-up. Among Whites attending religious services more than once a week, there was a 33% reduction in likelihood of developing ESKD in Models 1 and 2 (both HR=0.67, 95% CI=0.45-1.00, indicating borderline significance), although this effect was reduced to non-significance in Model 3 (HR=0.80, 95% CI=0.52-1.24). No significant effects were found in Blacks in any model. Blacks who indicated they were very spiritual, however, were at 18% lower risk of developing ESKD in Model 1 (HR=0.82, 95% CI=0.69-0.98) and 19% lower risk in Model 2 (HR=0.81, 95% CI=0.68-0.96), but again effects lost statistical significance in the full model (HR=0.85, 95% CI=0.68-1.06). No effects were found in Whites in any model. No

effects in Blacks or whites were found for degree of comfort from religion (religious coping) on incidence of ESKD. Researchers concluded: "Spirituality associates with reduced ESKD risk among Black adults of low socioeconomic status independent of demographic, psychosocial and behavioral characteristics." *Citation:* Nair, D., Cavanaugh, K. L., Wallston, K. A., Mason, O., Blot, W. J., Ikizler, T. A., & Lipworth, L. P. (2020). Religion, spirituality, and risk of end-stage kidney disease among adults of low socioeconomic status in the southeastern United States. *Journal of Health Care for the Poor and Underserved*, 31(4), 1727-1746.

Comment: ESKD is often the result of uncontrolled hypertension, and is a serious and prevalent disease often requiring hemodialysis for survival. This prospective study suggests that religious or spiritual involvement may impact risk of developing ESKD.

Religious Service Attendance and Exposure to Environmental Tobacco Smoke

Richard Gillum from the department of medicine at Howard University College of Medicine analyzed cross-sectional data from the National Health and Nutrition Examination Survey (NHANES), a nationally representative survey of the adult U.S. population. Analyses were limited to those age 40 years or older (n=6,797), who were made up of 4,712 nonsmokers and 2,085 smokers. Serum cotinine, a metabolite of nicotine, was used to measure environmental tobacco smoke (ETS) exposure. The following cotinine categories were created: unexposed to tobacco smoke (CAT1: cotinine<0.05 ng/mL), exposed to environmental smoke (CAT2: 0.05-3.99 ng/mL), light smoker (CAT3: 0.40-1.99.99 ng/mL), and heavy smoker (CAT4: 200.00-1700.00 ng/mL). Multivariate logistic regression was used to examine the effects of frequency of attendance at religious services on serum cotinine level among non-smokers (dichotomized as 0=cotinine<0.05 ng/mL, and 1=0.05-3.999). **Results:** Half (50%) of all participants were unexposed (CAT1), 25.2% were exposed to environmental smoke (CAT2), 9.6% were light smokers (CAT3), and 15.2% were heavy smokers (CAT4). With regard to religious attendance, 36.6% of all participants attended services weekly or more often. Among those attending services at least weekly or more, 28.6% had ETS exposure compared to 36.4% of less frequent attendees (p=0.0004). Significant associations were found in both men and women. Logistic regression analyses, unadjusted, demonstrated that weekly or more religious service attendance was associated with a 30% lower likelihood of having ETS exposure (OR = 0.70, 95% CI = 0.59-0.84, p<0.001). Controlling for age and gender reduced the effect to 27% less exposure (OR=0.73, 95% CI=0.61-0.87). Controlling further for race, education, and marital status had little effect on this relationship (OR=0.71, 95% CI=0.60-0.85). Additional controlling for season of exam and body mass index likewise had little effect (OR=0.72, 95% CI=0.61-0.85). The researcher concluded: "ETS exposure was negatively associated with religion."

Citation: Gillum, R. F. (2021). Frequency of attendance at religious services and exposure to environmental tobacco smoke. *Journal of Religion and Health*, in press.

EXPLORE...in this issue

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4-7 NEWS, EVENTS & RESOURCES

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Comment: Exposure to environmental tobacco smoke increases risk of coronary heart disease, lung cancer, and death. Although cross-sectional, this study shows that those who frequently attend religious services are less likely to experience such exposure.

Androgen Levels in Men and Religious Involvement

Aniruddha Das in the department of sociology at McGill University, Canada, examined data from a 5-year prospective study of a national probability sample of 1,071 older US men, examining the effects of serum testosterone and DHEA (dehydroepiandrosterone) on level of religious involvement. Data were analyzed using autoregressive cross-lagged panel models. Details are lacking since only the abstract was available for review. **Results:** Higher baseline levels of both testosterone and DHEA predicted increased religious involvement, whether measured through attendance at religious services or network connections with clergy. The researcher concluded: "the pattern of associations was most consistent with hormonal causation of religious connections... religiosity may have physiological and not simply psychosocial roots."

Citation: Das, A. (2018). Are men's religious ties hormonally regulated? *Adaptive Human Behavior and Physiology*, 4(3), 306-320.

Comment: Although an earlier study, the findings are quite interesting. However, the fact that women tend to be more religious than men seems to go against these results.

Religiosity and Depression in Midlife

Columbia University researchers analyzed data from a 5-10 year prospective study in 79 adult offspring of depressed and nondepressed parents in New York City. This was part of a 30 year longitudinal study. Major depressive disorder (MDD) was assessed at each time point using the SADS (a structured psychiatric interview). Assessment of religion/spirituality were done at year 20 and year 25/30. Religious measures included importance of religion/spirituality (R/S), frequency of religious attendance, and current religious denomination. There were 25 low risk participants and 54 high risk participants (offspring of depressed parents). Logistic regression analyses were used to examine the effects of religiosity (year 20) as a protective factor against MDD (year 25/30), controlling for age, gender, history of depression, and risk status. The prevalence of MDD between year 20 and year 20/30 (the follow-up interval) was 37% (20/54) in the high risk group and 24% (6/25) in the low-risk group. **Results:** In the overall analysis, contrary to expectations, those who indicated high importance of R/S at baseline (35 participants, 23 high risk and 12 low risk) were four times more likely to experience a recurrence or new-onset of major depressive disorder (OR=4.10, 95% CI=1.14-14.73, p=0.03); results were similar for frequent attendance at R/S services (once/month or more) (OR=4.07, 95% CI=1.05-15.7, p=0.04). When outcomes were stratified by recurrent MDD vs. new-onset MDD, controlling only for gender and age, those with high importance of R/S were at no increased risk of recurrence (OR=2.44, 95% = 0.57-10.48, p=0.23), but were 14 times more likely to have a new-onset MDD (OR=14.4, 95% CI=1.06-196.5, p=0.05, although only 6 participants had new-onset MDD during follow-up). Frequent attendees at religious services, in turn, were 6 times more likely to have a recurrence of MDD (OR=6.44, 95%=1.13-36.65, p=0.04, with 20 individuals having a recurrence), although they were not more likely to experience a new onset MDD (OR=1.41, 95%=0.19-10.52, p=0.74). Researchers concluded: "The current longitudinal, prospective study shows that R/S is associated with a 14-fold increase in risk of depression at midlife in the same sample of adults to have derived a 75% protective benefit against depression during early and middle adulthood. This life-course study raises the possibility of a period of spiritual struggle, a 'dark night of the soul' in the

changing relationship between R/S and depression during the passage of midlife."

Citation: Anderson, M. R., Wickramaratne, P., Svob, C., & Miller, L. (2021). Religiosity and depression at midlife: A prospective study. *Religions*, 12(1), 28.

Comment: As the authors acknowledge, sample size was small (especially in stratified analyses for recurrence vs. new-onset), most participants were Catholic (67%) and from the New York City area, and study dropouts and drop-ins may have affected results. History of depression at baseline was controlled for in the overall analysis (but not in stratified analyses). Depressive symptoms at baseline were not controlled for in either the overall or in the stratified analyses. Despite these weaknesses, the findings are notable – particularly by this research group that has repeatedly reported lower depression among those who were more religious or spiritual in this cohort.

Religious Involvement and Depression among Adolescents in Abu Dhabi

Researchers in the department of community development at UAE University in Abu Dhabi analyzed data from 3,356 adolescents ages 15-19 participating in the Abu Dhabi Quality of Life Survey in 2018, examining the association between social connections and depression. In this cross-sectional study, 29% (n=958) indicated they were "often/always downhearted or depressed." Religious involvement was assessed by "extent of involvement in religious/spiritual groups." Depression was assessed by a single question as noted above. Path analysis was used to examine associations in a model that included quality time with family, informal activities with friends, involvement in support groups, involvement in heritage groups, feeling that most people can be trusted, feeling isolated, meeting socially with friends, relatives, or colleagues, and satisfaction with family life. **Results:** Although the overall association between involvement in religious groups and feeling downhearted and depressed was not significant (b=0.006), religious involvement was significantly associated with "satisfaction with family life" (b=0.107, t=3.96). Researchers concluded: "Being a member of a religious group positively affected adolescents' satisfaction with family life. Family's religious involvement could benefit children and youth in many ways."

Citation: Badri, M., Al Khaili, M., Al Bahar, M., Yang, G., Reynhout, G., & Al Rashdi, A. (2021). Social connection and self-perceived depression among adolescents: A path analytic model for Abu Dhabi. *Journal of Child and Family Studies*, in press.

Comment: Note that about 75% of the population of the UAE (which Abu Dhabi is part) is Muslim and 12% Christian. Although this study finds little relationship with depression, it provides further evidence that religious family environments may be more satisfying to youth than non-religious family environments.

Religiosity and Suicidal Ideation/Attempts in the United Kingdom

Researchers analyzed cross-sectional data on a random sample of 7,403 participants in the 2007 Adult Psychiatric Morbidity Survey, a nationally representative sample of the English adult population ages 16 and older (57% response rate). Religiosity was assessed with a single question: "Do you have a specific religion?" (53% yes) followed by a question asking about type of religion (88% Christian, 6% Muslim, 8% other). Suicidal ideation and attempts within the past 12 months and over the lifetime were assessed by a single question. Controlled for in logistic regression models were sociodemographic factors (gender, age, ethnicity, income, marital status, employment), loneliness (single question), social support (7-item scale), stressful life events (18-item scale), perceived stress (single question), chronic physical conditions, smoking status, alcohol dependence, drug use, and the presence of common mental disorders (many of which may have been

explanatory variables). **Results:** Those who indicated they had a religion were 29% less likely to report suicidal thoughts in the past 12 months (OR=0.71, 95% CI=0.51-0.99, with all covariates controlled). No relationship was found with suicide attempts in the past 12 months. With regard to lifetime suicidal ideation, those with a religion were 17% less likely to have lifetime suicidal thoughts (OR=0.83, 95% CI=0.69-0.99) and 11% less likely to have made a lifetime suicide attempt (OR=0.69, 95% CI=0.53-0.90).

Researchers concluded: "There is a negative association between religiosity and suicidality in the UK. Future studies should focus on the underlying mechanisms."

Citation: Jacob, L., Haro, J. M., & Koyanagi, A. (2019). The association of religiosity with suicidal ideation and suicide attempts in the United Kingdom. *Acta Psychiatrica Scandinavica*, 139(2), 164-173.

Comment: Although cross-sectional, this study provides further evidence that religious involvement is related to a lower risk of suicide (at least suicidal ideation and attempts, which are strong predictors of completed suicide).

Moderating Effects of Religiosity on Parent-Child Anxiety Symptoms among U.S. College Students

Researchers at Mississippi State University analyzed data from 1,002 college students ages 18-25 years who were attending university psychology classes. The purpose was to examine the moderating effect of religiosity on the relationship between parent anxiety and child anxiety. Anxiety symptoms were assessed using the anxiety problem scale from the Adult Self-Report and Adult Behavioral Checklist. Participants' self-reported anxiety and perceived maternal and paternal anxiety symptoms were assessed. Religious activities and feelings were assessed with 25 statements developed by the authors, making up a scale that has been highly correlated with a range of well-established religiosity scales. Private religiosity, coping religiosity, social religiosity, religious conviction, and religious conservatism made up the general religiosity factor in this study. Structural equation modeling was used to analyze the data. No other variables were controlled for in these analyses. **Results:** Maternal anxiety was associated with both adult sons' and adult daughters' anxiety symptoms, whereas paternal anxiety was associated only with sons' anxiety. In daughters, religiosity was inversely related to their anxiety symptoms ($r=-0.16$, $p<0.05$), but not in sons ($r=-0.10$, $p=ns$). There was also evidence for moderation. Unexpectedly, the positive association between daughters' anxiety and maternal anxiety was stronger at *higher* than at lower levels of religiosity (negative moderation), whereas the positive relationship with paternal anxiety was weaker at higher levels of daughter religiosity (positive moderation, although not significant). Researchers concluded that "the maternal interaction showed that daughter religiosity exacerbated their anxiety symptoms."

Citation: Stearns, M., & McKinney, C. (2021). Parent-child anxiety symptoms in emerging adults: Moderation by gender and religiosity. *Journal of Family Issues*, in press.

Comment: An interesting, but hard to follow cross-sectional analysis, especially the findings for the moderator analysis. Nevertheless, it appears that higher levels of daughter religiosity exacerbated the positive relationship between daughter and maternal anxiety symptoms. The authors' explanation for this finding, however, was not particularly satisfying (i.e., that when mothers have high anxiety, daughters may be more likely to engage in negative religious coping, which they also observe in their mothers [although NRC was not measured here]).

Effect of Spiritual Care on Death Anxiety in Cancer Patients Undergoing Chemotherapy

Researchers at the Zanjan University of Medical Sciences in Iran conducted a randomized controlled trial involving 145

gastrointestinal cancer patients receiving chemotherapy who were randomized to either usual care ($n=73$) or usual care plus spiritual care ($n=72$), examining the effects on anxiety concerning death. Templer's death anxiety scale was administered after randomization and following treatment with the intervention. The intervention was performed in the hospital, in addition to usual care. The intervention was administered by two nurses in the department of medical surgical nursing and by a clergyman. Each spiritual care session conducted by the nurses was 30-45 minutes in duration and was conducted two times per day (up to four times per day in some patients) for three consecutive days. The intervention was explicitly religious, in addition to addressing psychosocial needs). Templer's death anxiety scale was readministered at the time of discharge from the hospital after the intervention to both groups. **Results:** At baseline, there was no significant differences on demographics or anxiety between intervention and control groups. At the end of the study, ANCOVA analyses of between-group differences indicated a reduction in death anxiety among those in the intervention group that exceeded that in the usual care control group (7.86, $SD=1.22$, vs. 8.18, $SD=0.79$, respectively, $p=0.029$, Cohen's $d=0.31$), indicating a small to moderate positive effect of the intervention (which researchers surprisingly considered clinically insignificant).

Citation: Amini, K., Tahrekhani, M., Abbas-Alamdari, Z., & Faghihzadeh, S. (2020). The effect of spiritual care on anxiety about death in patients with gastrointestinal cancer undergoing chemotherapy: A randomized controlled trial. *European Journal of Integrative Medicine*, 36, 101117.

Comment: Given the intensity of the spiritual care intervention, the small effect on death anxiety is surprising, especially since the intervention was delivered on top of usual care. Nevertheless, there was a significant reduction in anxiety in the intervention group compared to controls, which although only small to moderate size, may have made quite a difference to individual patients. The authors' claim that the effect was clinically insignificant was perhaps a bit conservative, particularly given the large sample size in this RCT.

Effects of a Spiritual Intervention on Stress, Anxiety, and Depression in Pregnant Women

Researchers from Iran, Saudi Arabia, and the U.S. conducted a randomized controlled trial examining the effects of a spiritual intervention on stress, anxiety, and depression in 84 pregnant women in Iran randomized to the intervention or a usual care control group. Women were ages 20-35 years, in their first pregnancy, and in their first trimester. The 5-Item Duke University Religion Index was assessed at baseline. The 42-item Depression, Anxiety, and Stress Scale (DASS) was administered at baseline, 1-month follow-up, and 3-month follow-up. The spiritual group intervention was based on Islamic spiritual/religious teachings, scriptures, and coping strategies, and consisted of four 90-minute group educational sessions conducted over eight weeks. Each group consisted of 6-10 participants. **Results:** There were no significant differences between groups at baseline in terms of demographics, education, financial status, family life satisfaction, or religiosity. By three-month follow-up, there were significant between-group differences on all three psychological outcome measures (stress, anxiety, depression), favoring the intervention group. In addition, there were also between-group differences for systolic and diastolic blood pressures from baseline to the 1-month follow-up, again favoring the intervention group. There was no significant difference between groups, however, on pregnancy outcomes (pregnancy length, preterm delivery, delivery type, or height, weight, head or chest circumference of newborns, although there was a nonsignificant trend favoring the intervention group for anthropometric newborn measures). Researchers concluded: "Applying such spiritually-integrated intervention may help to

improve the mental and physical health of young, healthy nulliparous pregnant women.”

Citation: Sanaeinasab, H., Saffari, M., Sheykh-Oliya, Z., Khalaji, K., Lalue, A., Al Zaben, F., & Koenig, H. G. (2021). A spiritual intervention to reduce stress, anxiety and depression in pregnant women: Randomized controlled trial. Health Care for Women International, in press.

Comment: A well-done randomized controlled trial demonstrating significant effects from an explicitly religious intervention on mental and physical outcomes in first-time pregnant women in Iran.

Religious Coping, Meaning in Life, and Loneliness in Turkey during COVID19

Investigators surveyed 842 adults in Turkey recruited from social networking sites to examine the relationship between meaning in life (assessed by the 5-item Presence of Meaning Scale), religious coping (33-item Religious Coping Scale, measuring PRC and NRC), and loneliness (20-item UCLA Loneliness Scale). The purpose of these cross-sectional analyses was to determine whether religious coping would mediate the relationship between meaning in life and loneliness. A mediation model was tested using the PROCESS program in SPSS. No other variables were controlled for in these analyses. **Results:** Meaning in life was inversely related to loneliness ($r=-0.33$, $p<0.001$), positively related to PRC (positive religious coping; $r=0.41$, $p<0.001$), and inversely related to NRC (negative religious coping; $r=-0.32$, $p<0.001$). PRC, in turn was inversely related to loneliness ($r=-0.26$, $p<0.001$), whereas NRC was positively related to loneliness ($r=0.33$, $p<0.001$). PRC and NRC, in turn, were found to mediate the effect of meaning in life on loneliness in this sample. Researchers concluded: “These findings suggest that greater meaning in life may link with lesser loneliness due to, in part, an increased level of positive religious coping and a decreased level of negative coping strategies.”

Citation: Yıldırım, M., Kızılgöçer, M., Seçer, İ., Karabulut, F., Angın, Y., Dağcı, A., ... & Çinici, M (2021). Meaning in life, religious coping, and loneliness during the coronavirus health crisis in Turkey. Journal of Religion and Health, in press.

Comment: In Turkey, 99.8% of the population is Muslim. Negative religious coping is discouraged in this society, whereas acceptance of hardship and commitment to positive religious beliefs is encouraged.

Knowledge about Hospital Chaplains and Desire for Chaplain Services

Duke University researchers surveyed 88 of 113 outpatients and caregivers (78% response rate), and 74 of 116 members of the clinical team (64% response rate), to identify knowledge about what chaplains do and to determine the extent to which such knowledge is related to the desire for chaplain services. A series of 10 questions was asked that assessed knowledge about the roles of hospital chaplains, followed by a single question asking if patients or caregivers would like to meet with a chaplain as a “listening ear.” A comparison between clinic team members and patient/caregivers was performed using logistic regression, adjusting for gender, age, race, religion, education, and self-reported religiosity. **Results:** Physicians, advanced practice providers, and non-physician staff (clinical team members) were more likely to answer correctly in terms of the chaplain’s role than did patients or caregivers. The largest differences were for the following questions: “A chaplain’s job includes inviting people to their religion” (false); “Chaplains represent the church that employs them” (false); “A chaplain’s job includes saving people” (false); and “A healthcare team member may call a chaplain for any patient who seems to be struggling” (true). Patients and caregivers who correctly identified chaplain’s roles were almost twice as likely to definitely desire chaplain services compared to those who

answered incorrectly (53% vs. 25%, $p=0.02$). Researchers concluded: “Our findings support a positive association between understanding chaplains’ roles and desire for chaplain services...Future steps include studying educational or outreach efforts that seek to improve understanding of chaplain services.”

Citation: Stavig, A., Bowlby, L. A., Oliver, J. P., Henderson, K. K., Dillard, J., Nickolopoulos, E., & Hemming, P. (2021). Patients’, staff, and providers’ factual knowledge about hospital chaplains and association with desire for chaplain services. Journal of General Internal Medicine, in press.

Comment: This is an important first study to examine the awareness of non-chaplain healthcare professionals, patients, and caregivers about what chaplains actually do and the roles that they play. It is clear that patients and caregivers, but also non-chaplain healthcare professionals to some degree, need current information about what chaplains do. This will almost certainly influence whether or not patients/caregivers request a chaplain visit, as well as whether or not non-healthcare professionals refer patients to chaplains.

NEWS

Duke University’s Monthly Spirituality and Health Webinars via Zoom

Our Center’s monthly spirituality and health research seminars are now being held by Zoom, and should be available to participants wherever they live in the world that supports a Zoom platform. All persons who receive this E-newsletter will be sent a link to join the seminar approximately one week before the seminar is held. When you receive this link, please save the link and forward it to your colleagues and students. This month’s seminar on Tuesday, February 23, 2021, will be delivered by Karl Benzio, M.D., psychiatrist and medical director and co-founder of Honey Lake Clinic, a Christian mental health treatment clinic in Florida. The title is **SPEARS: A Therapeutic Tool Bridging Faith and Science Where Spirit, Mind, and Body Intersect**. The PDFs of the Power Point slides for download and full recordings of all past webinars since July 2020 are now available at <https://spiritualityandhealth.duke.edu/index.php/education/seminars> [again, website is changing platforms, so this link to the website may change]

Impact of COVID-19 on Burnout in Healthcare Professionals

COVID-19 has changed the way we interact with our patients and each other. We are looking to understand the impact of the pandemic on health care worker burnout, moral injury, fears, and hopes. Click the on the following link to fill out a brief (5-10 min) survey about your experiences; your responses will be de-identified prior to analysis:

https://duke.qualtrics.com/jfe/form/SV_b2T9YDeI4JuxVQN. This study has been approved by the Institutional Review Board at Duke University Health System [Protocol 00105516]

Blog on Psychology and Christianity

Professor Andrew Tix has a blog on psychology and Christianity that may be of interest to some readers of our Crossroads e-newsletter. Go to:

<https://thequestforgoodlife.com/2020/12/28/the-5-top-posts-for-2020/>.

SPECIAL EVENTS

David B. Larson Memorial Lecture

(March 11, 2021, 5:30-6:30 EST)

Ellen Idler, Ph.D., Director of the Religion and Public Health Collaborative and Professor in the Departments of Sociology and Epidemiology at Emory University, will be giving the 18th annual Larson memorial lecture by Zoom. Dr. Idler will tell the stories of three partnerships -- two historical, one quite recent -- in which religious institutions have found common ground with public health authorities to accomplish population health improvements that neither could have achieved alone. This lecture will be particularly timely during this time of the COVID-19 pandemic, where such partnerships have been strained due to sometimes differing priorities of religious communities and public health agencies.

Medicine and Religion Conference

(March 22, 2021, via Zoom)

The 2021 Conference on Medicine and Religion invites clinicians, scholars, clergy, students and others to take up these and other questions related to the intersection of medicine and religion. In light of the seismic events of 2020, we also encourage submissions that address either the COVID-19 pandemic or racial inequities in health and health care. We encourage participants to address these questions and issues in light of religious traditions and practices, particularly, though not exclusively, those of Judaism, Christianity and Islam. The conference is a forum for exchanging ideas from an array of disciplinary perspectives, from accounts of clinical practices to empirical research to scholarship in the humanities. The theme for this conference is True to Tradition? Religion, the Secular, and the Future of Medicine.

Deadline for abstracts for paper presentations, posters, panel and workshop sessions, that address issues at the intersection of medicine and religion, including but not limited to the conference theme. For more information go to:

<http://www.medicineandreligion.com/>.

7th European Conference on Religion, Spirituality and Health

(May 27-29, 2021, via Zoom)

The 2021 European Conference will focus on "Aging, Spirituality and Health." For more information go to <https://ecrsh.eu/ecrsh-2021>.

Research Workshop on Religion, Spirituality and Health

(May 23-26, 2021, via Zoom)

The 7th European Conference will also host a 4-day pre-conference spirituality and health research workshop on May 23-26 with Prof. Koenig from the U.S., along with Dr. Rene Hefti, Prof. Arndt Buessing, Prof. Niels Hvidt, Prof. Constantin Klein, and a number of other European presenters. For more information, go to: <https://ecrsh.eu/ecrsh-2021> or contact Dr. Rene Hefti at info@rish.ch.

17th Annual Duke University Summer Research Workshop

(Durham, North Carolina, August 9-13, 2021, **in-person**¹)

Register to attend this one-of-a-kind 5-day training session on how to design research, obtain funding support, carry out the research, analyze and publish the findings, with an emphasis on developing an academic career in the area of religion, spirituality and health.

Pass this information on to colleagues, junior faculty, graduate students, and anyone you think might be interested. The workshop compresses training material that was previously taught during our 2-year post-doctoral fellowship, so the curriculum is packed. Leading religion-health researchers from Duke, Yale and Emory serve as workshop faculty. Participants will have the option of a 30-minute one-on-one with Dr. Koenig or another faculty mentor of their choice, although these mentorship slots are limited, so early registration will be necessary to ensure that the mentor requested will be available. Nearly 900 academic researchers, clinical researchers, physicians, nurses, chaplains, community clergy, and students at every level in medicine, nursing, social work, chaplaincy, public health, psychology, counseling, sociology, theology, and rehabilitation (as well as interested members of the general public) have attended this workshop since 2004.

Participants from every faith tradition and region of the world have come to this workshop, and this year should be no different.

Partial tuition reduction scholarships are available, as are **full tuition and travel scholarships for academic faculty in underdeveloped countries** (see end of newsletter). For more information, go to:

<https://spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course>

RESOURCES

Books

The Science of Religion, Spirituality, and Existentialism

(Academic Press, 2020)

From the publisher: "[This book] presents in-depth analysis of the core issues in existential psychology, their connections to religion and spirituality (e.g., religious concepts, beliefs, identities, and practices), and their diverse outcomes (e.g., psychological, social, cultural, and health). Leading scholars from around the world cover research exploring how fundamental existential issues are both cause and consequence of religion and spirituality, informed by research data spanning multiple levels of analysis, such as: evolution; cognition and neuroscience; emotion and motivation; personality and individual differences; social and cultural forces; physical and mental health; among many others. [The book] explores known contours and emerging frontiers, addressing the big question of why religious belief remains such a central feature

¹ As I'm sure you are aware, the coronavirus situation is a fluid one at this time. However, because of the risk to health that this infection poses, we are requesting that all those who attend the workshop be vaccinated with the latest vaccine (both shots) at least one week before coming to the workshop in August, and likely require a negative COVID-19 test for those coming from other countries. This is necessary because of the large gathering (50-70 participants expected) from all over the world. It will not be possible to social distance from each other while meeting inside during the long time each day (8:30-5:00) in close contact with each other and workshop faculty and because of the workshop length (5 days). We will also likely require mask-wearing and will have hand sanitizer available at every table. Be aware of this if you decide to register.

of the human experience: Discusses both abstract concepts of mortality and concrete near-death experiences; Covers the struggles and triumphs associated with freedom, self-regulation, and authenticity; Examines the roles of social exclusion, experiential isolation, attachment, and the construction of social identity; Considers the problems of uncertainty, the effort to discern truth and reality, and the challenge to find meaning in life; Discusses how the mind developed to handle existential topics, how the brain and mind implement the relevant processes, and the many variations and individual differences that alter those processes; and Delves into the psychological functions of religion and science, the influence on pro- and antisocial behavior, politics, and public policy, and looks at the role of spiritual concerns in understanding the human body and maintaining physical health." Available for \$130.34 (paperback) at <https://www.amazon.com/Science-Religion-Spirituality-Existentialism-dp-0128172045/dp/0128172045/>.

Chronic Faith : A Believer's Approach to Chronic Illness and Pain

(Vantage Point Publishing, 2012)

Allison J. Hampton tells her personal story about her struggle with chronic illness and recurrent pain, dealing with fibromyalgia and lupus erythematosus through her religious faith. An inspirational book for anyone with chronic pain who may be questioning their religious beliefs. Available for \$9.99 (paperback) at <https://www.amazon.com/Chronic-Faith-Believers-Approach-Illness/dp/0988393913>.

Handbook of Spirituality, Religion, and Mental Health

(Academic Press, 2020)

From the publisher: "The *Handbook of Religion and Mental Health, Second Edition*, identifies not only whether religion and spirituality influence mental health and vice versa, but also how and for whom. The contents have been re-organized to speak specifically to categories of disorders in the first part of the book and then more broadly to life satisfaction issues in the latter sections. This updated edition is now revised with new chapters and new contributors." Available for \$84.95 (paperback) at <https://www.amazon.com/Handbook-Religion-Mental-Health-Rosmarin/dp/0128167661>.

Religion and Recovery from PTSD

(Jessica Kingsley publishers, 2019)

From the publisher: "This volume focuses on the role that religion and spirituality can play in recovery from post-traumatic stress disorder (PTSD) and other forms of trauma, including moral injury. Religious texts, from the Bible to Buddhist scriptures, have always contained passages that focus on helping those who have experienced the trauma of war. Many religions have developed psychological, social, behavioral, and spiritual ways of coping and healing that can work in tandem with clinical treatments today in assisting recovery from PTSD and moral injury.

In this book the authors review and discuss systematic research into how religion helps people cope with severe trauma, including trauma caused by natural disasters, intentional interpersonal violence, or combat experiences during war." Available for \$29.95 at <https://www.amazon.com/Religion-Recovery-PTSD-Harold-Koenig/dp/1785928228/>.

Religion and Mental Health: Research and Clinical Applications

(Academic Press, 2018) (Elsevier)

This 384 page volume summarizes the latest research on how religion helps people cope with stress, covering its relationship to depression, anxiety, suicide, substance abuse, well-being, happiness, life satisfaction, optimism, generosity, gratitude and

meaning and purpose in life. It integrates research findings with best practices for treating mental health disorders in religious clients with depression, anxiety, posttraumatic stress disorder, and other emotional (and neuropsychiatric) problems. Available for \$69.96 (paperback) at <https://www.amazon.com/Religion-Mental-Health-Research-Applications-dp-0128112824/dp/0128112824/>

Hope & Healing for Those with PTSD: Psychological, Medical, and Spiritual Treatments

(Amazon: CreateSpace Publishing Platform, 2018)

From the author: "If you or a family member has PTSD or are experiencing the aftermath of severe trauma, you will know a lot more about this disabling condition and how to deal with it after reading this book." Available for \$5.38 at <https://www.amazon.com/dp/172445210X>.

Protestant Christianity and Mental Health: Beliefs, Research and Applications

(part of the Religion and Mental Health Book Series; Amazon: CreateSpace Platform, 2017)

For mental health professionals, clergy, researchers, and laypersons interested in the relationship between religious involvement and mental health in Protestant Christians. Available for \$7.50 at: <https://www.amazon.com/dp/1544642105/>

Catholic Christianity and Mental Health: Beliefs, Research and Applications

(part of the Religion and Mental Health Book Series; Amazon: CreateSpace Platform, 2017)

For mental health professionals, clergy, researchers, and laypersons interested in the relationship between religion, spirituality and mental health in Catholics. Available for \$7.50 at: <https://www.amazon.com/Catholic-Christianity-Mental-Health-Applications/dp/1544207646>

Islam and Mental Health: Beliefs, Research and Applications

(part of the Religion and Mental Health Book Series; Amazon: CreateSpace Platform, 2017)

For mental health professionals, clergy, researchers, and laypersons interested in the relationship between religion, spirituality and mental health in Muslims. Available for \$7.50 at: <https://www.amazon.com/Islam-Mental-Health-Research-Applications/dp/1544730330>.

Hinduism and Mental Health: Beliefs, Research and Applications

(part of the Religion and Mental Health Book Series; Amazon: CreateSpace Platform, 2017)

For mental health professionals, clergy, researchers, and laypersons interested in the relationship between religion, spirituality and mental health in Hindus. Includes original research on current religious beliefs/practices in Hindus from India and throughout the world. Available for \$7.50 at: <https://www.amazon.com/dp/1544642105/>

Judaism and Mental Health: Beliefs, Research and Applications

(part of the Religion and Mental Health Book Series; Amazon: CreateSpace Platform, 2017)

For mental health professionals, clergy, and researchers interested in the relationship between religion, spirituality and health in Judaism. Available for \$7.50 at: <https://www.amazon.com/Judaism-Mental-Health-Research-Applications/dp/154405145X/>

Buddhism and Mental Health: Beliefs, Research and Applications

(part of the Religion and Mental Health Book Series; Amazon: CreateSpace Platform, 2017)

For mental health professionals, clergy, researchers, and laypersons interested in the relationship between religion, spirituality and mental health in Buddhists. Available for \$7.50 at <https://www.amazon.com/dp/1545234728/>

You are My Beloved. Really?

(Amazon: CreateSpace Publishing Platform, 2016)

From the author: "Simple and easy to read, this book is intended for Christians and non-Christians, those who are religious or spiritual or neither, and is especially written for those experiencing trauma in life (everyone). The book examines the evidence for God's love from Christian, Jewish, Muslim, Buddhist and Hindu perspectives based largely on the sacred scriptures from these traditions. Those of any age with an open mind will find this book enlightening, if not inspiring. Available for \$8.78 from <https://www.amazon.com/You-are-My-Beloved-Really/dp/1530747902/>.

Spirituality & Health Research: Methods, Measurement, Statistics, & Resources

(Templeton Press, 2011)

This book summarizes and expands the content presented in the Duke University's Annual Summer Research Workshop on Spirituality and Health. Available for \$29.15 (used) at: <http://www.amazon.com/Spirituality-Health-Research-Measurements-Statistics/dp/1599473496/>

Other Resources

CME/CE Videos (Integrating Spirituality into Patient Care)

Five professionally produced 45-minute videos on **why and how** to "integrate spirituality into patient care" are now available on our website (*for free*, unless CME/CE is desired). Videos are targeted at physicians, nurses, chaplains, and social workers in an effort to help them form **spiritual care teams** to provide "whole person" healthcare that includes the identifying and addressing of spiritual needs. Go to: <http://www.spiritualityandhealth.duke.edu/index.php/cme-videos>.



In support of improving patient care, the Duke University Health System Department of Clinical Education and Professional Development is accredited by the American Nurses Credentialing Center (ANCC), the Accreditation Council for Pharmacy Education (ACPE), and the Accreditation Council for Continuing Medical Education (ACCME), to provide continuing education for the health care team.



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TRAINING OPPORTUNITIES

Full Scholarships to Attend Research Training on Religion, Spirituality and Health

With support from the John Templeton Foundation, Duke University's Center for Spirituality, Theology and Health is offering eleven \$3,600 scholarships to attend the university's 5-day Workshop on conducting research on religion, spirituality, and health. The workshop will be held on **Aug 9-13, 2021**. These scholarships will cover the \$1200 tuition, up to \$1500 in international travel costs, and up to \$900 in living expenses. They are available only to academic faculty and graduate students living in third-world underdeveloped countries in Africa, Central and South America (including Mexico), Eastern Europe and North Asia (Russia and China), and portions of the Middle East, Central and East Asia. The scholarships will be competitive and awarded to talented well-positioned faculty and graduate students with the potential to conduct research on religion, spirituality, and health, and serve as research leaders in their part of the world. If you want to know more about this program, contact Harold.Koenig@duke.edu or go to our website for a description of the workshop: <https://spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course>. **Please let your academic colleagues in developing countries know about this unusual and time-limited opportunity.**

Unfortunately, but not surprisingly, the demand for such scholarships has far exceeded availability. Now that we are set up to evaluate potential scholarship recipients, we are hoping to identify individuals or foundations willing to support highly qualified third-world applicants we are unable to provide scholarships to in 2021-2023 and the years ahead. A donation of \$3,500 to our Center will sponsor a faculty member or graduate student from a disadvantaged region of the world to attend the workshop in 2021 or future years. If you are interested in sponsoring one or more such applicants and want to know more about this program, or have ideas about other sources of support, please contact Harold.Koenig@duke.edu.

Certificate in Theology and Healthcare

The Duke University Divinity School is now accepting applications for a new graduate certificate, the Certificate in Theology and Health Care. This one-year residential program provides robust theological and practical engagement with contemporary practices in medicine and health care for those individuals with vocations in health-related fields (e.g., trainees or practitioners of medicine, nursing, and other health care professions). The Certificate aims to equip Christian health care practitioners with the training to embrace that calling and live into it with theological clarity and spiritual joy. This fully accredited course of study focuses on combining foundational courses in Christian theology, scripture, and church history with courses engaging the practical issues that health care practitioners encounter in contemporary culture. If you, or some you know, seek theological formation and further confidence engaging questions of suffering, illness, and the place of health care in a faithful life, go to the following website: <https://tmc.divinity.duke.edu/programs/certificate-in-theology-and-health-care/>

FUNDING OPPORTUNITIES

Templeton Foundation Online Funding Inquiry

The John Templeton Foundation has postponed all Online Funding Inquiries (OFIs) for 2020 in the area of religion, spirituality and health to their 2021 funding cycle. The next deadline for Small Grant requests (\$234,800 or less) and Large Grant requests (more than \$234,800) is **August 20, 2021**. The Foundation will communicate their decision (rejection or invitation to submit a full proposal) for all OFIs by October 15, 2021. Therefore, researchers need to think "long-term," perhaps collecting pilot data in the meantime, with or without funding support. JTF's current interests on the interface of religion, spirituality, and health include: (1) investigating the causal relationships between health, religion, and spirituality (determining direction of causation in associations reported; identifying the underlying causal mechanisms responsible), with a specific focus on longitudinal studies, and (2) engaging religious and spiritual resources in the practice of health care (increasing the religious and spiritual competencies of health care practitioners; testing the impact of religiously integrated therapies; and increasing the scientific literacy of health care chaplains). More information: <https://www.templeton.org/project/health-religion-spirituality>.

JOBS

Research Faculty Position

The Institute for the Psychological Sciences at Divine Mercy University (DMU), in collaboration with McLean Hospital, the largest psychiatric affiliate of Harvard Medical School, is pleased to invite applications for the position of Research Professor in the area of Spirituality and Mental Health. The successful candidate will have the opportunity to establish and build a research laboratory with this specific focus. The position will be based in Sterling, VA and will commence during the Spring Semester of 2021, and no later than Fall 2021. Salary is competitive. The Research Professor will be responsible for hiring and supervising one or more Postdoctoral Research Fellows and Research Assistants, establishing daily operating procedures for the laboratory, and collaborating with other clinical and research faculty employed at the Institute for the Psychological Sciences, as well as researchers from McLean Hospital. Duties will include but not be limited to the following activities: Establish an active research laboratory specific to the area of Spirituality and Mental Health, collect and analyze data, disseminate research findings in high quality peer reviewed publications, and participate in service-related committee work as appropriate. The selected candidate will also assist the DMU doctoral program with some teaching and supervision of student dissertations. For more information, contact Dr. David Rosmarin drosmarin@mclean.harvard.edu

2021 CSTH CALENDAR OF EVENTS...

February

- 2/23 Spirituality & Health Research Seminar**
12:00-1:00 EST (via Zoom)
Title: **SPEARS: A Therapeutic Tool Bridging Faith and Science Where Spirit, Mind, and Body Intersect**
Speaker: Karl Benzio, M.D.
Medical Director, Honey Lake Clinic, Greenville, FL
Founder and Clinical Director, Lighthouse Network
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 2/26 TCCE: Conference for Consciousness & Human Evolution: Power of Prayer, Gratitude and Forgiveness**
2:00-3:30 EST (via Zoom)
Title: **Religion, Spirituality and Mental Health**
Speaker: Koenig
Contact: info@tcche.org

March

- 3/11 18th Annual David B. Larson Memorial Lecture**
5:30-6:30 EST (via Zoom, free and open to public)
Title: **From the Broad Street Pump, to Call the Midwife, to the Ebola Crisis: Partnerships in Religion and Public Health**
Speaker: Ellen Idler, Ph.D.
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)
- 3/15 Research Opportunities in Spirituality, Religion & Health**
Adventist Health University
4:00-5:00 EST (via Zoom)
Speaker: Koenig
Contact: Dr. Leana Araujo (Leana.GoncalvesAraujo@ahu.edu)
- 3/29 Religion, Spirituality & Health: Research and Clinical Applications**
Caldwell Community College, World Religions Class
1:00-2:15 EST via Zoom
Speaker: Koenig
Contact: Dr. Keith Starnes (kstarnes@cccti.edu)
- 3/30 Spirituality & Health Research Seminar**
12:00-1:00 EST (via Zoom)
Title: **TBD**
Speaker: Keith G. Meador, M.D.
Professor of Psychiatry, Vanderbilt University
Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

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PLEASE Partner with us to help the work to continue...

<http://www.spiritualityandhealth.duke.edu/index.php/partner-with-us>